

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1774AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2009
NAME OF PROVIDER OR SUPPLIER LOYALTON OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD LAS VEGAS, NV 89120		
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Y 000	<p>Initial Comments</p> <p>Surveyor: 27469 This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on January 29 and 30, 2009.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for 105 total beds, classified as Category 2 beds.</p> <p>The facility has the following endorsement: Residential facility for elderly or disabled persons Residential facility which provides care to persons with Alzheimer's disease</p> <p>The census at the time of the survey was 82. Twenty sample resident files were reviewed and 10 employee files were reviewed.</p> <p>The following complaints were reviewed: NV00019748 - Substantiated - Tag #883 and #878 NV00020050 - Substantiated without deficiencies NV00020188 - Unsubstantiated NV00020342 - Substantiated without deficiencies NV00020699 - Unsubstantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were</p>	Y 000	<p>Acceptable POC 3/13/09 Lena L Seeger, HFS II</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 identified at the time of the survey.	Y 000		
Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that 10 of 10 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement that he has read those regulations (Employee #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Severity: 1 Scope: 3	Y 067	<u>Loyalton of Las Vegas</u> <u>Plan of Correction</u> <u>Y 067-449.196(1)(c) Qualifications of Caregiver</u> A. Staff members 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 have been given a copy and instructed to read NAC 449.156 - 449.2766. Statement's have been signed and added to each of the above employee personnel files. B. Personnel files have been reviewed and employees have received and signed a copy of the NAC 449.156 - 449.2766 provisions. The statements will be filed in their personnel files. C. The Business Office Director was in-serviced 2-16-09 on new employee paperwork. A new employee hire check list has been put in to place. When all information is collected the Business Office Director will then let the Directing Manager know that the employee may begin work. D. Employee files will be monitored by random audits performed by the Business Office Director, Executive Director or designee. E. Signed statements pertaining to the NAC 449.156-449.2766 provisions will be in employee personnel files by March 1, 2009.	
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.	Y 070		

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Y 070	Continued From page 2 This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that 10 of 10 caregivers received eight hours of annual training (Employee #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Severity: 2 Scope: 3	Y 070	<u>Y 070 - 449.196(1)(f) Qualifications of Caregiver 8 hours training.</u> A. Staff members 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 will have their necessary 8 hours of training completed by March 1, 2009. B. Personnel files have been reviewed for necessary training documentation. Two 8 hour classes will be given on February 19 th and 20 th for training hours. C. An annual in-service schedule has been implemented. Employee training will be documented and placed in the employee file and in-service binder. D. Employee files and training hours will be monitored by random audits conducted by the Business Office Director, Resident Service Director, Executive Director or designee. E. The date of correction is March 1, 2009.	
Y 102 SS=D	449.200(1)(c) Personnel File - Training Records NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (c) Records relating to the training received by the employee. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure 8 hours of annual training for 2 of 10 employees (Employee #1 and #8). Severity: 2 Scope: 1	Y 102	<u>Y102 - 449.200(1)(c) Personnel File- Training Record</u> A. Employees 2 and 10 will have the necessary 8 hour training. B. Personnel files have been reviewed for necessary training documentation. Two 8 hour classes will be given on February 19 th and 20 th for training hours. C. An annual in-service schedule has been implemented. Employee training will be documented and placed in the employee file and in-service binder. D. Employee files and training hours will be monitored by random audits conducted by the Business Office Director, Executive Director or designee. E. The date of correction is March 1, 2009.	
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to	Y 103	 A. Employees 2 and 10 will have the necessary 8 hour training. B. Personnel files have been reviewed for necessary training documentation. Two 8 hour classes will be given on February 19 th and 20 th for training hours. C. An annual in-service schedule has been implemented. Employee training will be documented and placed in the employee file and in-service binder. D. Employee files and training hours will be monitored by random audits conducted by the Business Office Director, Executive Director or designee. E. The date of correction is March 1, 2009.	

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Y 103	Continued From page 3 chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that 2 of 10 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #5 and #7). Severity: 2 Scope: 3	Y 103	<u>Y103 - 449.200(1)(d) Personnel File - NAC 441A</u> A. Employees 5 and 10 have been given 2 step TB tests. Results have been placed in their employee files. B. Employee files have been reviewed; TB tests, X-Rays or TB questionnaires have been completed and are in employee personnel files. C. The Business Office Director was in-serviced 2-16-09 and the new employee paperwork. A new employee hire check list has been put in to place that includes TB testing and related information. When all information is collected the Business Office Director will then let the Directing Manager know that the employee may begin work. D. Employee TB tests will be monitored by random audits performed by the Business Director, Executive Director or designee. E. The date of correction is March 1, 2009.	
Y 104 SS=C	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to investigate the references for 5 of 10 employees (Employee #2, #3, #6, #7 and #9). Severity: 1 Scope: 3	Y 104	<u>Y104 - 449.200(1)(e) Personnel File - References</u> A. Employee reference checks have been completed and filed for Employees 2, 3, 6, 7 and 9. B. Employee files have been reviewed; TB tests, X-Rays or TB questionnaires have been completed and are in employee personnel files. C. The Business Office Director was in-serviced 2-16-09 and the new employee paperwork. A new employee hire check list has been put in to place that includes	
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check	Y 105		

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Y 105	Continued From page 4 NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure 2 of 10 caregivers met background check requirements (Employee #9 and #10). Severity: 2 Scope: 1	Y 105	reference checks. When all information is collected the Business Office Director will then let the Directing Manager know that the employee may begin work. D. Employee reference checks will be monitored by random audits performed by the Business Director, Executive Director or designee. E. The date of correction is March 1, 2009. <u>Y105 - 449.200(1)(f) Personnel File - Background Check</u> A. Employees 9 and 10 have had another set of fingerprints completed. B. Employee files have been reviewed; finger prints and background checks have been completed and are in employee personnel files. C. The Business Office Director was in-serviced 2-16-09 and the new employee paperwork. A new employee hire check list has been put in to place that includes finger prints and background checks. When all information is collected the Business Office Director will then let the Directing Manager know that the employee may begin work. D. Employee finger prints and background checks will be monitored by random audits performed by the Business Director, Executive Director or designee. E. The date of correction is March 1, 2009.	
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that 2 of 10 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #2 and #4). Severity: 2 Scope: 1	Y 106		

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Y 173 SS=D	<p>449.209(3) Health and Sanitation-Inside garbage</p> <p>NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation, the facility failed to ensure covered containers in the kitchen and staff laundry room.</p> <p>Severity: 2 Scope: 1</p>	Y 173	<p><u>Y106 - 449.200 Personnel File - 1st aid and CPR</u></p> <p>A. Employees 2 and 4 will obtain 1st aid and CPR training by March 15, 2009.</p> <p>B. Employee files have been reviewed, CPR training checks have been completed and are in employee personnel files.</p> <p>C. The Business Office Director was in-serviced 2-16-09 and the new employee paperwork. A new employee hire check list has been put in to place that includes CPR training.</p> <p>D. Employee CPR training checks will be monitored by random audits performed by the Business Director, Executive Director or designee.</p> <p>E. The date of correction is March 1, 2009.</p> <p><u>Y173 - 449.209(3) Health and Sanitation - Inside garbage</u></p> <p>A. A Community walk through was completed by the Executive Director and Asset Manager. Any trash cans that did not have lids were disposed of and replaced.</p> <p>B. A walk thru of the community will be completed by the Executive Director, Asset Manager, Dining Service Director or designee to ensure Community is clean and trash cans are covered randomly on an ongoing basis.</p> <p>C. Trash receptacles will not be purchased with out lids. If the lids are broken or misplaced, the trash will be disposed of. In-service will be held on 2-19-09 to educated community staff.</p> <p>D. The date of correction is March 1, 2009.</p>	
Y 177 SS=D	<p>449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse</p> <p>NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27469</p>	Y 177		

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Y 177	Continued From page 6 Based on observation, the facility failed to ensure the dining room was kept clean from dirt and refuse. Severity: 2 Scope: 1	Y 177	<u>Y177 449.209 (4)(d) Health and sanitation - dirt, garbage, refuse and Y250 - 449.217(1) Kitchen equipment works; clean and sanitary.</u> A. The kitchen has been thoroughly cleaned. The dinning room will be vacuumed after each meal. B. Cleaning schedules implemented. Kitchen staff in-serviced on 2-19-09 C. The cleaning schedule / routine will be monitored by the Dinning Service Director, Cooks, Executive Director or designee by random audits on an ongoing basis. D. The date of correction is March 1, 2009.	
Y 250 SS=D	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation, the facility failed to ensure the kitchen floors, walls and stove were kept clean. Severity: 2 Scope: 1	Y 250	<u>Y251 - 449.217(2) Storage of food- perishable foods refrigerated.</u> A. The refrigerator was fixed on February 18, 2009. B. Refrigerators and freezers have been closely observed to ensure that they are working properly. Temperature sheets have been put in to place. Kitchen staff in-serviced 2-19-09 on instructions for the temperatures and what to do when they are not at the proper temperature. C. Temperatures logs will be monitored through random audits on an ongoing basis by the Dinning Service Director, Cooks, Asset Manager, Executive Director or designee. D. The date of correction is March 1, 2009.	
Y 251 SS=D	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.	Y 251	<u>Y280- 449.2175(10)(a)-(d) Dietary Consultant @ Services</u> A. Dietary Consultant Services have been obtained. B. Dietary Consultant Services will be done quarterly.	

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Y 251	Continued From page 7 This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation, the facility failed to ensure frozen foods were kept at a temperature of 0 degrees or less. Severity: 2 Scope: 1	Y 251	C. An in-service notebook will be available for dietary staff. This will provide topics covered and staff that were present. D. Dietician visits will be monitored by the Dining Service Director, Executive Director or designee on an ongoing basis. E. The date of correction is March 1, 2009. <u>Y859.274(5) Periodic Physical examination of a resident.</u> A. Resident's 4,9,15 and 19 have current physicals in place. B. An review of resident records was preformed and resident's physicals will be in place. C. An in-service will be held for licensed nurses on 2-23-09 obtaining physicals before admit. D. The resident physicals will be monitored by the Community Relations Director, Business Office Director, Resident Service Director and the Executive Director by random audit on an ongoing basis. E. The date of correction is March 1, 2009.	DB
Y 280 SS=C	449.2175(10)(a)-(d) Dietary Consultant & Services NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus. (b) Training for the employees who work in the kitchen. (c) Advice regarding compliance with the nutritional program of the facility. (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.	Y 280		

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Y 280	Continued From page 8 This Regulation is not met as evidenced by: Surveyor: 27469 Based on interview and record review, the facility failed to provide a quarterly dietician consultation report and training to the staff for 1 of 4 quarters (April 2008). Severity: 1 Scope: 3	Y 280	<u>Y878 -449.2742 Medication / Change Order</u> A. Residents 2,3,4,7,8,9,11,12,13,15,16, and 18 have had their doctors orders compared to their Medication Administration Records and audited by RN, Pharmacist, Resident Care Director and Executive Director. Necessary corrections have been made. B. Current resident charts, medication orders and medication administration records have been audited by an RN, Pharmacist, Resident Care Director and Executive Director. Comparisons have been made from orders to medication administration records. Any discrepancies will be corrected. An in-service will be held for licensed nurses resident charts, medication orders and medication administration records on 2-23-09	
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that 5 of 20 residents received a physical prior to admission (Resident #4, #9, #14, #15 and #19).	Y 859	C. The Resident Care Director or designee is responsible for transferring new orders to the medication administration record. The medication systems are to be monitored by random audits on an ongoing basis performed by the Resident Care Director, Executive Director or designee. D. The date of correction is March 1, 2009. <u>Y449.2742(7) Medication / Resident Refusal</u>	

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Y 859	Continued From page 9 Severity: 2 Scope: 2	Y 859	A. Residents 2, 3, 4, 7, 8, 9, 11, 12, 13, 14, 15, and 18 have had their medication administration records audited by the RN, Pharmacist, Resident Care Director and Executive Director. Investigation as to why the medications were refused or not given has been conducted.	
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review and interview on 1/29 and 1/30/09, the facility failed to ensure that 13 of 20 residents received medications as prescribed (Resident #2, #3, #4, #7, #8, #9, #11, #12, #13, #14, #15, #16 and #18). This was a repeat deficiency from the 1/16/08 State Licensure survey. Severity: 2 Scope: 3	Y 878	B. Medication administration records have been reviewed. Med techs have been in-serviced 1-16-09 on the 6 rights to a proper medication pass and what to do when or if a resident refuses or misses a medication. C. Medication administration records will be review by the Resident Care Director, Executive Director or designee by random audits on an ongoing basis. Random observations of med passes will be conducted by the Resident Care Director, Executive Director, Pharmacist and designee on an ongoing basis. D. The date of correction is March 1, 2009. <u>Y449.2749(1)(E) Resident File</u> A. Residents 4, 9, 11, 15, 17, 19 and 20 have been re-issued initial 2 step TB tests. B. Resident charts have been reviewed and TB test dates have been noted. Residents that have chest Xrays have the necessary annual documentation in place. Resident TB tests will be given upon admission. C. A new resident check off list will be used to track documentation of TB information. An in-service was held 2-23-09 to educate staff on TB test and related information. D. Resident TB tests and X-Rays will be monitored through random audits performed by the Resident Care Director, Executive Director or designee on an ongoing basis. E. The date of correction is March 1, 2009.	
Y 883 SS=F	449.2742(7) Medication / Resident Refusal NAC 449.2742	Y 883		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1774AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2009
NAME OF PROVIDER OR SUPPLIER LOYALTON OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD LAS VEGAS, NV 89120		
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Y 883	Continued From page 10 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Surveyor: 27469 Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 13 of 20 residents ((Resident #2, #3, #4, #7, #8, #9, #11, #12, #13, #14, #15, #16 and #18). Severity: 2 Scope: 3	Y 883	<u>Y938 - 449.2749(1)(g)(1) Resident File</u> A. Resident # 4, 5, 8, 9, 13, & 15's assessments have been updated to address current needs and preferences. B. Current resident's assessments will be reviewed for current needs and preferences. Assessment will be updated for any concerns. C. Resident preferences, care needs, and interventions for current risks to resident's health and safety will be gathered during initial assessment and placed on the Care Plan In-service will be held for staff regarding pre-assessments on 2-23-09 D. Resident pre assessments will be	
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that 7 of 20 residents	Y 936	monitored through random audits performed by the Resident Care Director, Executive Director or designee on an ongoing basis. E. The date of correction is March 1, 2009.	

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Y 936	Continued From page 11 complied with NAC 441A.380 regarding tuberculosis (Resident #4, #9, #10, #11, #15, #17, #19 and #20) which affected all residents. Severity: 2 Scope: 3	Y 936		
Y 938 SS=B	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 AND 1/30/09, the facility did not perform an evaluation on 6 of 20 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #4, #5, #8, #9, #13 and #15).	Y 938	<u>Y1001 - 449.2758(1) Training Requirements</u> A. Employees 7, 8, and 9 will be receiving their 8 hours of training related to the care of the elderly and disabled on February 19 th and 20 th B. Personnel files have been audited to ensure that necessary training is obtained in a timely manner. Two 8 hour classes will be given on February 19 th and 20 th to ensure employees have the necessary training hours. C. The Business Office Director was in-serviced 2-16-09 on tracking new employee paperwork that includes on going training requirements. D. Employee training checks will be monitored by random audits performed by the Business Director, Executive Director or designee. E. The date of correction is March 1, 2009.	

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Y 938	Continued From page 12 Severity: 1 Scope: 2	Y 938		
Y1001 SS=E	<p>449.2758(1) Training Requirements</p> <p>NAC 449.2758</p> <p>1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 3 of 10 employees (Employee #7, #8 and #9).</p> <p>Severity: 2 Scope: 2</p>	Y1001	<p><u>Y1036 - 449.2768(1)(a)(2) Dementia Training</u></p> <p>A. Employees 2 and 3 are receiving 8 hours of dementia training on February 19th and 20th.</p> <p>B. Personnel files have been audited to ensure that necessary dementia training is obtained in a timely manner. Two 8 hour classes will be given on February 19th and 20th to ensure employees have the necessary training hours.</p> <p>C. The Business Office Director was in-serviced 2-16-09 on tracking new employee paperwork that includes on going dementia training requirements.</p> <p>D. Employee dementia training checks will be monitored by random audits performed by the Business Director, Executive Director or designee.</p> <p>E. The date of correction is March 1, 2009.</p>	

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Y1036	Continued From page 13	Y1036			
Y1036 SS=D	<p>449.2768(1)(a)(2) Dementia Training</p> <p>449.2768</p> <p>1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 1/29 and 1/30/09, the facility failed to ensure that a minimum of 8 hours of training related to the care of residents diagnosed with Alzheimer's was received within 90 days of hire for 2 of 10 employees (Employee #2 and #3).</p> <p>Severity: 2 Scope: 1</p>	Y1036			

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